



*THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES*

DIVISION OF HEALTH CARE FINANCE AND POLICY

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**Administrative Bulletin 04-02
Nursing Facility User Fee: Census Adjustments due to changes in payer type
March 1, 2004**

The Division of Health Care Finance and Policy is aware that facilities frequently need to adjust prior period census due to retroactive changes in payer type. The purpose of this bulletin is to clarify how facilities should report these prior period patient day adjustments in the Nursing Facility User Fee Quarterly Reports (QUF).

- I. Adjustments for nursing patient day services prior to the inception of the nursing facility user fee, 10/1/02, should be omitted from all nursing facility user fee reports.
- II. The prior period adjustments may be included in the current reporting quarter, noting them with an explanation in the comment section of the report, if one of the following criteria is met:
 - The user fee rate in effect for the current reporting period is the same as the user fee rate(s) in effect for the service time of the prior period adjustment nursing patient days.
 - The variance between calculating the user fee based on the rate in effect for the current reporting period and the rate(s) in effect for the prior service period adjustment nursing patient days, is less than or equal to \$500.
- III. The provider must request to reopen the prior period reports and amend the QUF filing(s) if the following criteria is met:
 - The user fee rate in the current period is different than the user fee rate(s) in effect for the service days of the prior period adjustments, and the net variance between calculating the user fee using the current rate, versus the rate(s) that were in effect during the prior service period days is greater than \$500.

A check made (payable to the Commonwealth of Massachusetts) should be sent along with a copy of the amended QUF to the Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116 for any additional payments due. Write the name of the nursing facility (if not already on the check) and the FEIN on the top of the check.

Any credit balances resulting from amended QUF(s), will be applied toward the next Nursing Facility User Fee due.

Please call (617) 988-3298 if you have questions regarding this policy.